

<i>SERFF Tracking Number:</i>	<i>INGD-126809545</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>ING Life Insurance and Annuity Company</i>	<i>State Tracking Number:</i>	<i>46765</i>
<i>Company Tracking Number:</i>	<i>155634 (07/10)</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>155634 (07/10)</i>		
<i>Project Name/Number:</i>	<i>155634 (07/10)/155634 (07/10)</i>		

## Filing at a Glance

Company: ING Life Insurance and Annuity Company

Product Name: 155634 (07/10)	SERFF Tr Num: INGD-126809545	State: Arkansas
TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 46765
Sub-TOI: A02.1G.002 Flexible Premium	Co Tr Num: 155634 (07/10)	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Michele Michaud, Melissa Cheyney	Disposition Date: 09/15/2010
	Date Submitted: 09/13/2010	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name: 155634 (07/10)	Status of Filing in Domicile: Pending
Project Number: 155634 (07/10)	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: Our domiciliary state of Connecticut has been filed simultaneously and is pending approval.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer
Filing Status Changed: 09/15/2010	Explanation for Other Group Market Type:
	State Status Changed: 09/15/2010
Deemer Date:	Created By: Melissa Cheyney
Submitted By: Melissa Cheyney	Corresponding Filing Tracking Number:
Filing Description:	
RE: ING Life Insurance and Annuity Company, NAIC 86509, FEIN 71-0294708	
Application for Group Annuity Contract 155634(07/10)	

The captioned Group Annuity Application is being submitted for the Department's review and approval. It contains no unusual or possibly controversial provisions from normal company or industry standards. We would like to use this form

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as soon as possible.

This form is an Application Form for use with Group Fixed, Variable or Combination Annuity Contracts. This application will be completed by employers/plan sponsors of 401(a), 401(k), 403(b) 457 or other types of group plans. This is a new form and will replace Application Form 300-MOP-02 which was approved by your Department on May 7, 2002. This form has been revised to bring it up to new company branding standards.

The attached application may be completed and sent to us as a paper file or it may be completed and submitted electronically.

This document is submitted in PDF format, subject to only minor modification in paper size and stock, company logo, adaptation to computer printing and inclusion of bar codes.

Should you have questions or comments, please do not hesitate to call me toll free at 1-800-654-8065, ext. 5802825, or e-mail me at the address above. Thank you for your consideration.

## Company and Contact

### Filing Contact Information

Melissa Cheyney, Contract Analyst	Melissa.Cheyney@us.ing.com
One Orange Way	860-580-2801 [Phone]
Windsor, CT 06095-4774	860-580-4844 [FAX]

### Filing Company Information

ING Life Insurance and Annuity Company	CoCode: 86509	State of Domicile: Connecticut
One Orange Way	Group Code: 229	Company Type:
Windsor, CT 06095	Group Name:	State ID Number:
(800) 654-8065 ext. [Phone]	FEIN Number: 71-0294708	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 Form @ \$50

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ING Life Insurance and Annuity Company	\$50.00	09/13/2010	39453244

SERFF Tracking Number:	INGD-126809545	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/15/2010	09/15/2010

<i>SERFF Tracking Number:</i>	<i>INGD-126809545</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 09/15/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	155634 (07/10) SOV		Yes
<b>Form</b>	Application for Group Annuity Contract		Yes

SERFF Tracking Number: INGD-126809545 State: Arkansas

Filing Company: ING Life Insurance and Annuity Company State Tracking Number: 46765

Company Tracking Number: 155634 (07/10)

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium  
Variable and Variable

Product Name: 155634 (07/10)

Project Name/Number: 155634 (07/10)/155634 (07/10)

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	155634 (07/10)	Application/ Enrollment Form	Application for Group Initial Annuity Contract		0.000	155634 (07-10).pdf

# APPLICATION FOR GROUP ANNUITY CONTRACT

## ING Life Insurance and Annuity Company

A member of the ING family of companies

PO Box 990063

Hartford, CT 06199-0063



Your future. Made easier.®

As used on this form, the term "ING," "ILIAC," "Company," "we," "us" or "our" refers to your plan's funding agent and/or services provider. That entity is ILIAC. Contact us for more information.

### I. APPLICANT INFORMATION

Applicant Name (Employer/Contract Holder) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tax Identification # \_\_\_\_\_

### 2. ACCOUNT INFORMATION

Full Legal Plan Name \_\_\_\_\_

#### Type of Organization

- |  |   |
|--|---|
| <input type="checkbox"/> Governmental Organization<br><input type="checkbox"/> State, local, county, municipality<br><input type="checkbox"/> Healthcare<br><input type="checkbox"/> Public School<br><input type="checkbox"/> K-12<br><input type="checkbox"/> High Education | <input type="checkbox"/> Tax-exempt Organization (includes churches, healthcare organizations and private education organizations)<br><input type="checkbox"/> 501(c)(3) Organization (IRS tax-exempt status letter required to be submitted for organizations formed after 10/9/69)<br><input type="checkbox"/> Church, qualified and non-qualified church controlled organizations<br><input type="checkbox"/> Healthcare<br><input type="checkbox"/> Education |
| <input type="checkbox"/> For Profit Organization<br><input type="checkbox"/> Corporation<br><input type="checkbox"/> Unincorporated (e.g. partnerships, self-employed & S Corporations)  | <input type="checkbox"/> 501(c)( ) Organization. Type of Entity _____<br><input type="checkbox"/> Other (specify) _____   |

#### Type of Plan (Select one.)

##### 403(b) Plan

- ☐ 403(b) Non-ERISA public schools and ERISA exempt 501(c)(3) organizations
- ☐ 403(b) ERISA (generally, 501(c)(3) organization sponsoring a 403(b) with employer and/or employee contributions)

##### 401(a)/(k) Plan

- ☐ 401(a)
- ☐ 401(k) - employee salary deferral plan

##### 457 Plan

- ☐ Governmental 457(b) (including public schools)
- ☐ Tax-exempt 457(b) top hat (for select management and/or highly compensated employees)
- ☐ Tax-exempt 457(b) (only non-qualified church controlled organizations)

Other (specify) \_\_\_\_\_

#### Product (Select one. All products may not be available in all states.)

- |   |  |
|---|--|
| <input type="checkbox"/> ING Custom Choice II       | <input type="checkbox"/> ING Retirement Master II                          |
| <input type="checkbox"/> ING Custom Choice Value II | <input type="checkbox"/> ING Retirement Choice II (Fixed Plus Account III) |
| <input type="checkbox"/> ING Educator's Direct      | <input type="checkbox"/> ING Retirement Plus II                            |
| <input type="checkbox"/> ING Map Plus NP            | <input type="checkbox"/> Other (specify) _____                             |

#### ERISA Status

Is this Plan subject to ERISA Title I? ☐ Yes ☐ No

If "Yes," indicate the Plan Anniversary (Month/Day) (required) \_\_\_\_\_

### 3. IMPORTANT NOTICES

Below are notices that apply only in certain states. Please read the following carefully to see if any apply in your state.

California Reg. 789.8: The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation. You or your agent may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.



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### 3. IMPORTANT NOTICES *(continued)*

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana, Maryland, Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: The federal Defense of Marriage Act states that neither civil union partners nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax adviser.

New Jersey: Any person who includes any false or misleading information on an application for an annuity is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Virginia, Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington D.C.: WARNING - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Arkansas, Hawaii, Maine, New Mexico, Oklahoma, and Tennessee: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

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### 4. CONTRACT HOLDER SIGNATURE AND AUTHORIZATION

By signing this form, I understand that:

- I am selecting an annuity product to fund a tax-deferred arrangement;
- the tax laws provided for deferral of taxation of earnings on participant account balances; and
- although the annuity provides features and benefits that may be of value to participants, it does not provide any additional deferral of taxation beyond that provided by the tax-deferred arrangement itself.

Additionally, I acknowledge that the pre-filled information, as well as the information I have provided is complete and accurate. I further understand that the Company is entitled to rely exclusively on information provided on this form.

**All payments and values provided by the group Contract, when based on the investment experience of the Separate Account, are variable and are not guaranteed as to fixed dollar amount. Amounts allocated to the Guaranteed Accumulation Account, if available and withdrawn before a guaranteed term maturity date, may be subject to a market value adjustment. The market value adjustment may result in an increase, or a decrease, in the Individual Account value.**

I acknowledge receipt of the current annuity prospectus for the group annuity contract or contract disclosure booklet (*applicable to ING Fixed Account III*), as well as current fund prospectuses for each of the variable investment options. **I HAVE ATTACHED A COPY OF PROSPECTUS RECEIPT TO THIS APPLICATION.** The Effective Date of the Contract is the Contract Holder's date of signature below.

Contract Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ City/Town and State Where Signed \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

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### 5. PRODUCER SIGNATURE

Producer Name \_\_\_\_\_ License # (if applicable) \_\_\_\_\_

Producer Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b> Attached is the certification of compliance.		
<b>Attachment:</b> AR Cert.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> 155634 (07/10) SOV		
<b>Comments:</b> Attached is the Statement of Variability (SOV).		
<b>Attachment:</b> 155634 (07-10) SOV.pdf		

**STATE OF ARKANSAS**  
**CERTIFICATION OF COMPLIANCE**

CARRIER: ING Life Insurance and Annuity Company

FORM NUMBER(S)

FORM TITLE(S)

155634 (07/10)

Application For Group Annuity Contract

I hereby certify that to the best of my knowledge and belief the above form submission complies with Rule and Regulation 19s10 as well as all applicable requirements for the State of Arkansas.



\_\_\_\_\_  
Signature of Officer or Representative

Melissa V. Cheyney

\_\_\_\_\_  
Name

Contract Analyst

\_\_\_\_\_  
Title and/or Business Affiliation

September 13, 2010

\_\_\_\_\_  
Date

**STATEMENT OF VARIABILITY**  
**155634(07/10)**

**August 20, 2010**

**Page 1**

**Address:** [ *PO Box 990063, Hartford, CT 06199-0063*]

- We reserve the right to modify the company address to the extent necessary to accurately reflect current company operations.

**Applicant Information:** [ *Applicant Name.....Tax Identification #*]

- The application information required may vary to meet current legal/regulatory requirements and/or proper maintenance of the plan (e.g. adding an e-mail address)

**Account Information:** [ *Full Legal Plan Name.....indicate the Plan Anniversary (Month/Day)(required)*]

- The type of Products and associated plans and organizations may vary if a product/plan type is discontinued and/or a new product/plan type is introduced and available for election under this application.

**Page 1 & 2**

**Important Notices:** [ *California Reg 789.8.... or civil damages.*]

- The state required notices may change depending upon the most current state mandated notices that should appear on the application.

